

**REINSTATE EXAMINATION APPLICATION**

Send application to:

Department of Commerce & Insurance  
TENNESSEE STATE BOARD OF BARBER  
500 James Robertson Parkway, 1<sup>ST</sup> Floor  
Nashville, Tennessee 37243-1148  
(615) 741-2515

Please Check

☐ Master Barber☐ Technician☐ Instructor

FILE NUMBER

XACT NUMBER

SENT TO TESTING: \_\_\_\_\_ TEST: \_\_\_\_\_

**DO NOT SUBMIT EXAM FEES TO THE BOARD OFFICE!**

To register and pay for your exam, you must follow the instructions listed at the bottom of this form. Exam fees are paid DIRECTLY to PSI. You will find complete registration information in your CANDIDATE INFORMATION BULLETIN. Bulletins are available at your school or at [www.psiexams.com](http://www.psiexams.com). If you have any questions concerning your registration, results or obtaining a Bulletin, contact PSI at 1-800-733-9267

SOCIAL SECURITY NUMBER

I hereby submit my qualifications and make application for license to practice Barber in the state of Tennessee by re-examination under the Barber Law, Title , Chapter, Tennessee Code Annotated. I am aware it is unlawful for me to practice cosmetology services until I retake and pass the Barber Practical and State Law Examination

NAME: \_\_\_\_\_

LAST

(MAIDEN/OTHER)

FIRST

MIDDLE

ADDRESS: \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Completed: \_\_\_\_\_ GED Score: \_\_\_\_\_

Name of last Barber School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever taken or applied for this exam before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has any disciplinary action ever been taken against you by ANY State Board of Barber? \_\_\_\_\_

If yes, please explain on back. Have you ever been convicted, forfeited bond, or are currently on probation for any felony? \_\_\_\_\_ If yes, give details on a separate sheet of paper for each offense.

Include date, place, charge, and action taken.

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

Signature of Applicant

FILE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PRACTICAL AND  
LAW EXAM

FOR BOARD USE ONLY

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To make payment with VISA o MASTERCARD, visit: [www.psiexams.com](http://www.psiexams.com)

Or, call: (800) 733-9267

To register by mail, send cashier's check or money order to:

PSI EXAM SERVICES  
ATTENTION: TN BARBER  
3210 E TROPICANA AVE  
LAS VEGAS, NV 89121

Reinstatement Exam Fee: \$105.00

Circle Exam Type

MASTER BARBER  
TECHNICIAN  
INSTRUCTOR

My social security number is:    -   -

The name under which I applied for testing (to State Board ) is :

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY

STATE ZIP

PHONE NUMBER: \_\_\_\_\_